

PRIVACY RELEASE AUTHORIZATION

I hereby authorize Congressman Timothy V. Johnson or his representative to inquire with the following Federal Agency on my behalf:

(Name of Federal Agency)

In addition, I authorize the agency listed to release information to Congressman Johnson or his staff concerning my request for assistance.

Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name_____

Address_____

City/State/Zip_____

Day Phone_____ Eve. Phone_____

Fax
Number_____

Date of
Birth_____

Social Security
#_____

INS Alien
Number_____

VA Claim
Number_____

Are you facing a deadline?

☐ Yes ☐ No

Have you contacted my office before on this matter? ☐ Yes ☐ No

Briefly explain the issue in which you are requesting my assistance:

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case.

Once completed please mail or fax to:

Congressman Tim Johnson
2004 Fox Dr.
Champaign, IL. 61820
Fax (217)-403-4691
Phone (217)-403-4690